10/26/2008

Docket #2007-445-A "Stretcher Vans"

Posted: Apol Dept: A Alors

m: 4'15

This letter is in reference to the proposed regulation for "Stretcher Vans". I am a middle aged Health Care worker with a child that has special needs, aging parents and grandparents that require aid from time to time. This proposed regulation concerns me.

First, patients that require these types of transports generally have numerous health problems. Some of them include: heart problems, diabetic problems and bleeding problems. All of these can be life threatening. Early recognition of these problems is the key to early intervention. Early intervention increases chances of survival. If these "vans" are not to treat patients and simply wait for 911, not only is patient survivability decreased but local 911 agencies can easily become overloaded. When 911 agencies become overloaded, they have longer response times to other patients. Those patients are now compromised and have decreased survivability. EMT's with training in assessment and treatments as part of their Standard of Care are currently in positions to prevent all of this by transporting these patients on ambulances.

Second, EMT's are trained in lifting and moving patients. Putting two untrained people in charge of a stretcher increases chances of accidents and injuries. I don't see a need to risk patient safety. Again, EMT's with training in this area as part of their Standard of Care are preventing bad things from happening now!

Third, in the wake of Hurricane Katrina, there has been more attention paid to emergency evacuations. The use of "stretcher vans" will reduce the number of ambulances available for evacuations. Unmarked "vans" may not be allowed back into the area for second or third runs.

Lastly, this seems to only affect Medicaid patients. Medicaid patients are usually lower income residents. Are we really thinking about giving the low income lesser services? Additionally, it seems to me that South Carolina is still low on the totem poll when it comes to Education. Now, we want to lower Health Care Standards. What will we be on the bottom of the list for next?

Sincerely,

Richard Moyle

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